

**The fuel activity information contained in this form must be filed electronically. To view the information you must provide, go to the next page.**



Department of Motor Vehicles  
Tax Services  
P.O. Box 27422  
Richmond, Virginia 23269-7422

## VIRGINIA FUELS TAX TERMINAL REPORT

FT457 (Rev. 07/03)

Read the filing information and instructions on the back.

☐ Amended Report  
(Check this box if this is an amended report.)

**IMPORTANT: Enclose a \$50 penalty if your report is not filed on time.**

### TERMINAL INFORMATION

PLEASE PRINT IN INK OR TYPE

Terminal Name	IRS Terminal Control Number		Report Month/Year
Street Address	City	State	Zip Code

### TERMINAL OPERATOR INFORMATION

Name		FEIN/SSN	
Mailing Address (If different from above.)	City	State	Zip Code
Telephone Number ( )	Fax Number ( )	e-mail Address	

### INVENTORY, RECEIPTS, AND DISBURSEMENTS SUMMARY

#### GALLONS

	Aviation Gasoline	Aviation Jet Fuel	Blending Components	Diesel Dyed	Diesel Undyed	Gasoline/ Gasohol	Kerosene	Other Products
1. Enter Beginning Inventory in gallons by product type. (Note: This must agree with prior month's ending inventory.)								
2. Add each reported receipt schedule to calculate the Total Receipts. (Schedule 2A)								
3. Add Line 1 to Line 2 and enter the Total Gallons Available.								
4. Add each reported disbursement schedule to calculate the Total Disbursements. (Schedule 4A)								
5. Subtract Line 4 from Line 3 and enter the Gallons Available.								
6. Enter Gains (+) or Losses (-).								
7. Add gains or subtract losses on Line 6 to/from Line 5 and enter the Ending Inventory in gallons by product type.								

### SECTION 2 – PENALTY AND INTEREST CALCULATION

8. <b>LATE REPORTS ONLY:</b> Record the Penalty for late reports. (\$50)	\$
9. <b>LATE REPORTS ONLY:</b> Calculate the interest for late reports at \$.01 times Line 8 compounded monthly.	\$
10. Add together Lines 8 and 9 to calculate the <b>TOTAL AMOUNT DUE.</b>	\$

### CERTIFICATION

I certify that I have read this report and all supporting documents; and know and understand their contents and that all information on both the report and supporting documents is true and accurate, and complete.

Authorized Representative's Name (please print)	Title	
Authorized Representative's Signature	Date	
Telephone Number ( )	Fax Number ( )	e-mail Address

**VIRGINIA FUELS TAX  
TERMINAL REPORT**

FT457 (Rev. 07/03)

***FILING INFORMATION*** \_\_\_\_\_

Provide all information requested on this report **and** attach all required schedules.

Your report must be postmarked by the 15<sup>th</sup> day of the 2<sup>nd</sup> month after the report month **or** received at DMV by the 20<sup>th</sup> of the 2<sup>nd</sup> month after the report month.

**Enclose a \$50 penalty if you are late filing your report.**

***INSTRUCTIONS*** \_\_\_\_\_

**TERMINAL INFORMATION**

**Terminal Name.** Enter the name of the terminal.

**IRS Terminal Control Number.** Enter the terminal control number assigned by the IRS.

**Report Month/Year.** Enter the month and year for the product activity being reported.

**Street Address, City, State, Zip Code.** Enter the address where the terminal is located.

**TERMINAL OPERATOR INFORMATION**

**Name.** Enter the name of the terminal operator.

**FEIN/SSN.** Enter the terminal operator's Federal Employment Identification Number or social security number.

**Mailing Address, City, State, Zip Code.** Enter the terminal operator's mailing address, if different from the terminal street address.

**Telephone Number, Fax Number, e-mail Address.** Enter the terminal operator's telephone number, fax number, and, if applicable, e-mail address.

**INVENTORY, RECEIPTS, AND DISBURSEMENTS SUMMARY**

Follow the instructions provided on each line.

**PENALTY AND INTEREST CALCULATION**

Follow the instructions provided on each line.

**CERTIFICATION**

**Authorized Representative's Name, Title.** Print or type the name and the title of the terminal representative who is authorized to sign the report.

**Authorized Representative's Signature, Date.** Authorized Representative ONLY - Sign your name and write the date in the space provided.

**Telephone Number, Fax Number, e-mail Address.** Enter the authorized representative's telephone number, fax number, and, if applicable, e-mail address.